


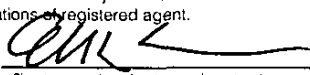
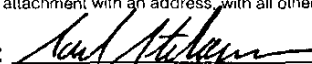
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 10 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000037765			
1. Entity Name FIRST DETECTION SYSTEMS OF FLORIDA, INC.			
Principal Place of Business 10111 N.W. 53RD ST. SUNRISE, FL 33351 US		Mailing Address 10111 N.W. 53RD ST. SUNRISE, FL 33351 US	
2. Principal Place of Business - No P.O. Box # 16105 N. FLORIDA AVE		3. Mailing Address 16105 N. FLORIDA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33549	Country USA	Zip 33549	Country USA
6. Name and Address of Current Registered Agent MASON, MICHAEL 16105 NO. FLORIDA AVE. LUTZ, FL 33549		7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD City PLANTATION FL Zip Code 33324	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Erin McBrearty Assistant Secretary Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE 10/4/07			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBSON, MICHAEL 124 W. LINCOLN AVE. MT VERNON, NY 10550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STEINHAUS, SAUL 124 W. LINCOLN AVE. MT. VERNON, NY 10550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DOSS, DERRICK 10111 NW 53RD ST. SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110953380 10/18/07--01039--008 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SAUL STEINHAUS SECRETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/11/07 914/130-0050 Date Daytime Phone #	

10/10
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